



CITY OF GERMANTOWN TENNESSEE

1930 South Germantown Road • Germantown, Tennessee 38138-2815
Phone (901) 757-7200 Fax (901) 757-7292 www.germantown-tn.gov

DATE RECEIVED: _____
RECEIVED BY: _____

APPLICATION FOR SMALL CELL FACILITY PERMIT APPROVAL**

☐ New Submission

☐ Resubmission

OWNER			
NAME: _____			
MAILING ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
TELEPHONE: _____	EMAIL: _____		
Signature of Owner: _____		Title: _____	
LESSEE/DEVELOPER INFORMATION (Circle the one that applies)			
Name: _____ Title: _____			
Company Name: _____		Address: _____	
Phone No.: _____		Email Address: _____	
Signature of Lessee: _____		Title: _____	
Signature of Developer: _____		Title: _____	
APPLICANT/AGENT/REPRESENTATIVE INFORMATION (Check here if same as property owner <input type="checkbox"/> or lessee/developer <input type="checkbox"/>)			
Name: _____ Title: _____			
Company Name: _____		Address: _____	
Phone No.: _____		Email Address: _____	
Who will represent this proposal at the Planning Commission meeting? _____ Title: _____			
Signature of Applicant: _____		Title: _____	
EXISTING STRUCTURE			
IS THERE AN EXISTING STRUCTURE AT THE SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS STRUCTURE IN PUBLIC RIGHT-OF-WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS A COLLOCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN: _____			
STRUCTURE TYPE: <input type="checkbox"/> Wireless Support Structure <input type="checkbox"/> PSS <input type="checkbox"/> Other: _____ IF POLE: <input type="checkbox"/> Authority-Owned PSS <input type="checkbox"/> PSS/Utility Pole <input type="checkbox"/> Applicant PSS/Wireless support structure		STRUCTURE HEIGHT: ____ FT ____ IN	

SITE INFORMATION										
ADDRESS:				ZONING DISTRICT:		GEOGRAPHICAL COORDINATES (LONGITUDE AND LATITUDE): _____(LAT) _____(LONG)				
CITY:				STATE:		ZIP:				
IS THE PROPOSED SITE IN A CITY RIGHT-OF-WAY? <input type="checkbox"/> YES <input type="checkbox"/> NO										
ARE THERE OTHER EXISTING OR PLANNED COMMUNICATIONS FACILITIES AT THIS SITE? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:										
PROJECT DESCRIPTION										
NUMBER OF FACILITIES INCLUDED ON THIS APPLICATION: _____ (MAXIMUM UP TO 20 PER APPLICATION)										
TYPE OF FACILITIES: SMALL WIRELESS FACILITY MICRO-WIRELESS FACILITY WIRELESS SUPPORT STRUCTURE										
	TYPE OF FACILITY	ENCLOSURE ³	ANTENNA ³	OTHER EQUIPMENT ³	RANGE OF FREQUENCIES TO BE USED	Length	Width	Height	Exteri Or Anten	MAXIMUM ERP (Watts)
1										
2										
3										
4										
5										
<p>*Facilities should comply with size and volume limitations in Tenn. Code Annot. 13-24-402 to 408 unless otherwise permitted.</p> <p>*If there are more than five facilities on this application, please copy this sheet showing the above information and attached to back of application, for up to 20 sites.</p>										
<p>CERTIFICATION on behalf of Applicant:</p> <p>1. Applicant agrees to pay applicable fees and rates, repair damage, and comply with all nondiscriminatory and generally applicable ROW requirements for deployment along with other applicable requirements set forth in the City Code.</p> <p>2. Applicant will comply with insurance or indemnification requirements, if any, that the City imposes on all users of the ROW.</p> <p>3. Applicant's proposed site plan and design plans meet or exceed all applicable engineering, materials, electrical, and safety standards.</p> <p>4. The applicant will complete deployment of its small wireless facilities covered by this application within nine (9) months of issuance of permits and approval of this application, unless agreed otherwise by City and applicant, or because a delay is caused by a lack of commercial power or communications transport facilities to site(s) applied for herein.</p> <p>Name: _____ Title: _____</p> <p>Signature of Applicant: _____ Date: _____</p> <p>Note that approval of the application is based upon information provided herein and any change in this information including any change in ownership interests of the subject real property, after filing the application may result in reconsideration of any approval.</p>										

ATTACHMENTS TO APPLICATION: Please submit all the following with this completed application.

- ☐ An engineering drawing depicting the design and installation of the small wireless facility. **ALL PLANS MUST BE STAMPED AND SEALED BY THE APPROPRIATE PROFESSIONAL**
- ☐ Specification/informational sheet and elevation drawings of all facilities and associated equipment.
- ☐ Preliminary site plan with location map, including the latitude and longitudinal coordinates of the specific location of the site and each facility.
- ☐ Identification of any third party upon whose utility pole or support structure the applicant intends to co-locate and certification by the applicant that it has obtained approval from the third party. (A copy of the third party approval must be submitted with application.)

- ☐ GeoCode MXD file for each site location
- ☐ All documents, including application & plans, shall be **submitted on CD in PDF and JPEG format.**

FOR STAFF USE ONLY

APPLICATION FEE: \$ 100.00 (for first five (5) Small wireless facility; \$50.00 per each additional small wireless facility up to 20 sites). First time filer shall pay a one-time \$200 fee with the 1st application.

DATE REVIEWED: ____/____/____

REVIEWER: _____ TITLE: _____

NUMBER OF FACILITIES REQUESTED: _____

SUBMISSION RECEIPT NUMBER: _____

ANNUAL FEE:

Annual fee for collocation on Authority-Owned PSS (includes access to public right-of-way and attachment to city facility):

\$ 100.00/per facility

Total number of facilities applied for: _____ x \$ 100.00 facility/year = \$ _____

PERMIT FEES: \$ _____

TOTAL DUE: \$ _____

PAYMENT DATE: _____

ACTION: This Permit Application shall be processed within the timelines set forth in Tenn. Code Annot. § 13-24-409(b).

- ☐ APPLICATION COMPLETE ☐ APPLICATION INCOMPLETE (If incomplete, City must notify applicant within thirty (30) days of receipt of application and specifically identify missing information in writing.)

NOTES: [Note when complete if initially incomplete]

☐ APPROVED PERMIT

☐ DISAPPROVED PERMIT

NOTES:

ECD DIRECTOR SIGNATURE (or designee with title)

DATE: _____

****Application form subject to change as needed.**